



Healing Touch Program™

Healing Touch Certification
Practitioner Renewal Application
April 2008 - April 2010



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Practitioner Certification Renewal Application

Practitioner Certification Renewal applications should be submitted 30 days prior to expiration of your current certification date.

General Instructions

There are two parts to applying for Practitioner Renewal

- Completion of Application Requirements
- Submission and acceptance of an Application for Renewal

Application Layout

- Submit an Application Form and materials in order listed in Checklist (See Appendix)
- Use 8 ½ x 11 paper
- Use 1" margins
- Use a plain type/font such as Arial for ease of reading
- Written summary statements should be one page in length and single spaced except where noted
- Submit double sided copies whenever possible

Application Submittal

- Submit 3 copies of a completed application including all required paperwork.
- Bind each copy individually with a single staple or round head fastener in the top left corner.
- Please place your name on each page of your document.
- Keep a complete copy of your application. Your application will not be returned.
- A copy of your application will be kept on file at the Healing Touch Program office through your application process.
- Application fee \$100.00
- Application fees are non-refundable.
- There is no fee for re-submission of application materials when an Applicant is in "*Certification Renewal Pending*" Status.
- Include a check or money order for \$100.00 payable to Healing Touch Certification. If you would like to pay by credit card, please fill out the credit card information on the application.

Submit to:

Healing Touch Certification
Attention: Certification Administrator
20822 Cactus Loop
San Antonio, TX 78258

Notification to Applicant

Applicants will receive a letter, indicating the outcome of the application review within 8 weeks of application submission unless otherwise notified. Status will be noted as "*Certification Renewal Approved*", "*Certification Renewal Pending*" or "*Certification Renewal Not Approved*".

"*Certification Renewal Approved*" applicants will receive a congratulatory letter and certificate.



“*Certification Renewal Pending*” applicants will receive a letter outlining the additional information or actions required to address the Pending status. Guidelines to address issues that are denoted as Pending will be provided.

“*Certification Renewal Not approved*” applicants will receive a letter with the reason(s) for this status.

Non-disclosure

Applicant names, applications, review, critique and outcomes developed during the review process are kept strictly confidential and are available only to those individuals involved in the review process.

Healing Touch Certification Review Panel

The Certification Review Panel members are Instructors and Practitioners with experience and commitment to Healing Touch. Panel members are chosen by the Chair and Vice Chair of the Review Panel. Panel participants are Instructors and Practitioners in good standing who have been successful and actively teaching or practicing Healing Touch for a minimum of 2 years.

Applications are processed as they are received. Applications will be reviewed by at least two members of the Review Panel. Applications are evaluated based upon completion of all requirements outlined for practitioner credential standards. Certification approval is at the discretion of the Review Panel.

Applicant Grievance Procedure

An applicant who has a grievance may write to the Chair or Vice Chair of the review panel. Grievances need to be filed within 45 days of notification. The Chair and Vice Chair will work with the review panel to address the grievance. The Chair will notify the applicant of the outcome.



Practitioner Renewal Requirements

Renewal is an action representing continued support of the credentialed Healing Touch Certified Practitioner (HTCP) through ongoing self-development and continuing education to stay current in the field.

I. Evidence of Participation

Active participation keeps the Practitioner well informed of current education updates, provides self growth and discovery and involvement in the Healing Touch Community. The practitioner honors the credential by ongoing participation and involvement with Healing Touch and the Healing Touch community. Actions, which demonstrate this involvement, include; Healing Touch classes, related continuing education offerings, attending Healing Touch conferences, and networking, with Healing Touch and other holistic practitioners. Be as creative as possible to honor the diversity within the world of energy therapies/holistic healthcare and Healing Touch local, regional or global activities.

Requirement:

Every five (5) years the practitioner will complete 75 hours of continuing education and participation. A minimum of 20 hours must be completed in energy based education.

Participate in areas of exploration for personal development with continuing education contact hours. This exploration can be quite expansive depending upon your personal learning needs. Keep all documentation of completed contact hours.

- Adjunct Healing Touch classes, i.e. Advanced Practice, Self Care, HT for Babies, Therapeutic Communication, Healing Touch for Animals, Anatomy and Physiology for Healers, etc.
- Repeated Healing Touch classes Levels 1-6
- Other related energy therapies
- Professional Development
- Self Care Exploration
- Higher Education – nursing, anatomy and physiology, other academic degrees, credentials or certificates
- Healing Touch Program regional and international conferences or other energy/holistic conferences such as International Society for the Study of Subtle Energy and Energy Medicine (ISSSEEM) or American Holistic Nurses Association (AHNA)
- 20 CE hours can be gained by reflectively reporting on 10 books which have influenced your growth and development

Submission Guidelines:

- I. Provide a brief summary of each of your 75 hours of continuing education hours which and including the following information:
 - Name of class, course or conference
 - Instructor(s), presenter, or sponsor as applicable
 - Dates
 - Location
 - Number of hours attended



- Book summary must include author, title, publisher, date
- Area of exploration (see list above)
- A few reflective sentences related to the class, course, conference or book

2. Include a single-spaced half to one page overall summary of your experiences in self and professional growth as related to the above continuing education hours. Please address the following information in each area of exploration:
 - How has this information moved you forward in your growth?
 - What linkages from your resources have you made with your HT practice?
 - How can you use this information to assist and educate your clients?

2. Practice Development

Please address the following questions:

- How has your practice grown or changed and what have you learned?
- How have you shared your learning? (How have you been involved the Healing Touch community?)
- What are your plans for future growth: personal, practice and community involvement?

Submission Guidelines:

Please write a one page, single spaced summary on your growth in your HT practice. Include reflection on these questions and your specific plans.

3. Assertion of Personal Responsibility

Please sign and submit the Assertion of Personal Responsibility form. (**See Appendix**)



Appendix

Practitioner Certification Renewal Application

Practitioner Certification Renewal Application

Submission Date _____

Name _____
Last First MI

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Certification Number _____ Certification/Renewal Date _____

Include the phone number(s) and email address you want HTP to use for communication:

Home Phone _____ Home Email _____

Cell Phone _____

Work Phone _____ Work Email _____

Other _____

Please fill out and attach the Application Checklist.

SEND PACKET TO:

Healing Touch Certification
Certification Administrator
20822 Cactus Loop
San Antonio, TX 78258

Payment information:

____ Enclosed is a check or money order for \$100.00

____ Please charge \$100.00 to my credit Card Please Circle One: VISA M/C

Card Number _____ Expiration Date: _____

Three digit safety code _____

Your Signature _____

Office Use Only: Auth # _____ CC Order # _____



Appendix

Certification Renewal Application Checklist

To be used as your final checklist to insure all requirements are met and materials included. Include checklist with your application packet. Please organize materials in the same order as the checklist below.

1. Evidence of Participation

____ Summary of your 75 hours of continuing education hours.

____ Overall summary of your experiences in self and professional growth.

2. Practice Development

____ Summary of your growth in your Healing Touch practice including reflection

3. Assertion of Personal Responsibility

____ Sign and submit the Assertion of Personal Responsibility form.



Appendix

Assertion of Personal Responsibility

I can demonstrate and use all the techniques taught in the Healing Touch classes Levels 1 – 5.

I understand the principles and concepts of using an informed consent form with clients.

I take personal responsibility for clarifying and interpreting the content and scope of Healing Touch and I maintain confidentiality of my healing activities and the documentation of all care provided.

I have read and understand the Healing Touch Program Code of Ethics and the Scope of Practice and I attest that my practice adheres to these standards.

I take responsibility to obtain and maintain appropriate legal credentials, permissions or qualifications necessary to touch the human body as required in my state or geographical area.

Have you ever been convicted of a felony? Yes No

If yes, please explain.

Signature _____ Date _____

Name _____